

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038584

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 237

FILED OCT 7 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SCOTT	
b. CITY (If outside corporate limits, give TOWNSHIP only) SIKESTON		c. CITY OR TOWN ORAN	
Length of stay in lb 34 hrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MO. DELTA COMMUNITY HOSP.		d. STREET ADDRESS (If outside, give location) ORAN	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) THELMA JANE LYNE		4. DATE OF DEATH 9-28-63	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/3/1922
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY IN OWN HOME	
11. BIRTHPLACE (City and state or country) NEW MADRID, MO.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME ROBERT TERRY		13b. MOTHER'S MAIDEN NAME LUCY MAE LEE	
14. NAME OF HUSBAND OR WIFE GERALD D. LYNE		Address ORAN, MO.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) NO		16. SOCIAL SECURITY NO. GERALD D. LYNE	
17. INFORMANT GERALD D. LYNE		Address ORAN, MO.	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cor pulmonale Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. For Advanced arrested pulmonary tuberculosis DUE TO (b) 22 years DUE TO (c) months		INTERVAL BETWEEN ONSET AND DEATH 22 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION ORAN	
20g. COUNTY SCOTT		20h. STATE MISSOURI	
21. I attended the deceased from 1946 to 9-28-63 and last saw her alive on 9-28-63 Death occurred at 7:55 A. m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. D. Urban M.D.		22b. ADDRESS SiKeston	
22c. DATE SIGNED 10/1/63			
23a. BURIAL, CREMATION, or other disposal (Specify) BURIAL	23b. DATE 10/1/1963	23c. NAME OF CEMETERY OR CREMATORY FRIEND	
23d. LOCATION (City, town, or county) ORAN		23e. STATE MO.	
24. FUNERAL DIRECTOR EARL J. SMITH F. H.		25. DATE RECD. BY LOCAL REG. Oct 4 1963	
26. REGISTRAR'S SIGNATURE Jeanette Hallman			

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Em J Smith

Licensed Embalmer No. 2676

P. O. Address

Orem Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

No permit